



Our Ref. No.: 006570.P009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for: )  
Hans-Christoph Rohland, et al. ) Examiner: Not Yet Assigned  
Serial No. : 10/750,002 ) Art Group: 2141  
Filed: December 30, 2003 )  
For: CLUSTER ARCHITECTURE HAVING A STAR )  
TOPOLOGY WITH CENTRALIZED SERVICES )

PRELIMINARY AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Before issuance of a first Office Action on the merits, Applicants respectfully request entry of the following preliminary amendment in connection with the above-identified application. No new matter is added.

IN THE SPECIFICATION

The title beginning on page 1, has been amended as follows:

~~STAR TOPOLOGY WITH CENTRALIZED SERVICES CLUSTER ARCHITECTURE HAVING  
A CLUSTER ARCHITECTURE STAR TOPOLOGY WITH CENTRALIZED SERVICES.~~

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

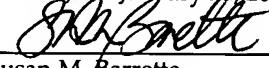
  
\_\_\_\_\_  
Thomas M. Coester, Reg. No. 39,637

Dated: July 16, 2004

12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, California 90025  
(310) 207-3800

CERTIFICATE OF MAILING:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, on January 22, 2002.

  
\_\_\_\_\_  
Susan M. Barrette

Date



JUL 20 2004

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/750,002
		Filing Date	December 30, 2003
		First Named Inventor	Hans-Christoph Rohland
		Art Unit	2141
		Examiner Name	To Be Determined
Total Number of Pages in This Submission	5	Attorney Docket Number	6570P009

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s)
			Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 16, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Susan M. Barrette
Signature	
Date	July 16, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sorkoff, Taylor & Zafman (wir) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

O I P E  
JUL 20 2004  
U.S. PATENT & TRADEMARK OFFICE  
JUL 20 2004

# FEE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** **( \$ )**

## Complete if Known

Application Number	10/750,002
Filing Date	December 30, 2003
First Named Inventor	Hans-Christoph Rohland
Examiner Name	To Be Determined
Art Unit	2141
Attorney Docket No.	6570P009

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

### 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		20	=	
	3	=		

Multiple Dependent

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

\*\*or number previously paid, if greater. For Reissues, see below

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920 *	1804	920 *
1805	1,840 *	1805	1,840 *
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1404	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	1809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$)

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	Thomas Coester			Date	07/16/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.  
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